

POSITION	INITIALS	ID NO.	DATE
<b>BEST AVAILABLE COPY</b>			
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>19m</i>	<i>32</i>	<i>9/28</i>
FORMALITY REVIEW	<i>NK</i>	<i>489</i>	<i>5/10/01</i>
RESPONSE FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>05-30-01</i>
<i>Ros</i>	<i>H-S</i>	<i>766</i>	<i>01-30-03</i>

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

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If more than 150 claims or 10 actions  
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